

WATER POINT INSPECTION			REPORT DATE
For use of this form see TB MED 577; the proponent of this form is the Office of The Surgeon General.			
TO	FROM		
INSPECTION RATING	WATER POINT NO	MAP COORDINATE LOCATION	
OPERATING UNIT	TEAM CHIEF	UNIT REPRESENTATIVE	
INSPECTING UNIT	DATE/TIME GROUP	INSPECTED BY	
INSPECTION CHECKLIST CRITERIA			
1. SITE CONDITIONS	a. Adequate Drainage b. Dust Control Practiced c. Rodent/Insect Control Practiced	<input type="checkbox"/>	<input type="checkbox"/>
2. BIVOUAC AREA	a. \geq 100 Ft Away/Downstream b. Latrines $>$ 100 Yds Away c. Handwashing Devices Present d. Garbage Control Practiced	<input type="checkbox"/>	<input type="checkbox"/>
3. WATER SOURCE	a. No Pollution Nearer Than 2 Miles b. Chemical Agents Present c. Radioactivity Present	<input type="checkbox"/>	<input type="checkbox"/>
4. INTAKE LINE	a. Intake Strainer Attached b. \geq 4 In From Surface or Bottom	<input type="checkbox"/>	<input type="checkbox"/>
5. EFFLUENT LINE	a. Backwash Water Sump Present b. Sludge Sump Present c. Discharge \geq 25 Yds From Intake	<input type="checkbox"/>	<input type="checkbox"/>
6. ERDLATOR	a. Trailer/Truck Level b. Coagulator Weir Level c. D-E Filter Pressures Maintained d. Grounding Present	<input type="checkbox"/>	<input type="checkbox"/>
7. ROWPU	a. Trailer/Pallets Level b. Filter Backwash Tank Full c. Grounding Present d. Separate Storage Tanks Used for Raw and Brine Waters	<input type="checkbox"/>	<input type="checkbox"/>
8. GENERATOR	a. Grounding Present b. Fire Extinguisher Present c. Hearing Protection Used d. Sufficient Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
9. OPERATOR PROTECTION	a. Rubber Hip Boots used b. Long Rubber Gloves Used	<input type="checkbox"/>	<input type="checkbox"/>
10. OPERATOR MONITORING	a. WQAS-E Chemicals Not Expired b. Water Source Tested c. Treated Water Tested d. Chemical Usage Recorded e. Gauge/Meter Readings Recorded f. Chlorine Residuals Checked Hourly	<input type="checkbox"/>	<input type="checkbox"/>

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11. WATER STORAGE	a. Tanks Level b. Safety Bottom Apron Used c. Open Top Tanks Covered d. Tanks Clean and Sanitary e. Capacity Sufficient for Issue		
12. WATER DISTRIBUTION	a. Standpipe Hose \geq 4 Ft Above Ground b. Hose Nozzle Clean/Off Ground c. Operators Check Containers for Cleanliness		
13. RECORDS	a. Production Log Maintained b. Distribution Log Maintained c. Blank Forms Sufficient		
14. SUPPLY STORAGE	a. Fuel and Chemicals Sufficient b. Chemical Containers Labelled/Capped/Dry c. Activated Carbon & Calcium Hypochlorite Stored Separately		
15. PRODUCT WATER SAMPLE	a. Chloride (\leq 600 mg/L) b. Chlorine Residual Adequate (_____ ppm) c. Color (\leq 50 Units) d. Hardness (Magnesium \leq 150 mg/L) e. pH (Between 5 and 9 Units) f. Sulfate (\leq 400 mg/L) g. TDS (\leq 1500 mg/L) h. Turbidity (\leq 5 NTU) i. Chemical Agents Present j. Radioactivity Present k. Coliforms (\leq 1/100 mL); Results on DD Form 686		

COMMENTS AND RECOMMENDATIONS:

PRINTED/TYPED NAME AND GRADE OF PVNTMED INSPECTOR: _____ **SIGNATURE:** _____